



# IRIS CLUBHOUSE

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## Iris Clubhouse Referral (clinician completes)

Please have the potential member return this in person for a tour of the Clubhouse.

Date: \_\_\_\_\_

Client: \_\_\_\_\_

DOB: \_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

OK to leave message? \_\_\_\_\_

The desired outcome of participation in the Clubhouse, based on the client's treatment plan, prior to referral. What is the purpose of intervention identified in the current treatment plan? (i.e. interested in employment, to build self-esteem, reduce isolation, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The individual has a primary diagnosis of \_\_\_\_\_

List any important secondary diagnosis: \_\_\_\_\_

Describe what the person is saying about work. What type of job do you think would be a good match?

\_\_\_\_\_  
\_\_\_\_\_

What supports need to be considered for this individual to achieve recovery goals?

\_\_\_ participation in meaningful work activity (Clubhouse work-ordered day)

\_\_\_ transportation \_\_\_ social peer support \_\_\_ identifying healthy lifestyle

### \_\_\_ Employment Supports

\_\_\_ resume building \_\_\_ interview skills \_\_\_ job leads \_\_\_ employer advocacy

\_\_\_ on job support/job coaching \_\_\_ career planning \_\_\_ benefits counseling

### \_\_\_ Educational supports

\_\_\_ reading/writing assistance \_\_\_ enrollment assistance \_\_\_ financial aid support

1. Is there any history of behavior that would pose a threat to the Clubhouse community?

**No**       **Yes**       violence     theft       Sexually inappropriate  
behavior       other

If yes: how is this being addressed?

Explain: \_\_\_\_\_

2. Does this prospective member have any physical health issues that we should be aware of? ( seizure disorder, diabetes, mobility, visual/hearing etc.)

No     Yes

If yes,

\_\_\_\_\_

When was the last date of hospitalization or incarceration (circle one)?

\_\_\_\_\_ estimated year

We encourage the referring therapist to be involved in the orientation process. Would you be willing to?

Attend orientation or tour       Joint goal setting meeting

Monitor client participation/follow through with Clubhouse staff

This referral was made by: \_\_\_\_\_ (Please print)

Clinician's office phone: \_\_\_\_\_